



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

<b>CITY OF ALEXANDRIA</b> Statement of Organization Candidate JAN 08 2015 <b>VOTER REGISTRATION ELECTORAL BOARD</b>
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\*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW  This committee is registering with the Virginia Department of Elections for the first time.	<input type="checkbox"/> AMENDED  This committee is filing an amended Statement of Organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>Issued Committee ID</td></tr><tr><td> </td><td> </td></tr></table>	Date Changes Took Effect	Issued Committee ID		
Date Changes Took Effect	Issued Committee ID				
Committee Information					
Committee Information	Alexandrians For Kerry Donley Name of Candidate Campaign Committee				
	609 N. Pickett Street Street Address/PO Box				
	Alexandria VA 22304 City State Zip Code				
	kerry.donley@gmail.com 703/901-1584 Email Address Daytime Phone #				
	 Campaign Website				
Candidate Information					
Candidate Information	Donley Kerry J. Salutation Last Name First Name Middle Name Suffix				
	609 N. Pickett Street Residence Address				
	Alexandria VA 22304 City State Zip Code				
	Alexandria 226763536 County or City of Residence Voter Identification #				
	kerry.donley@gmail.com 703-901-1584 Email Address Daytime Phone #				
	<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information					
Election Information	Mayor Office Sought				
	Democratic 2015 Political Party Year of Election				
	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				



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Treasurer Information			
Treasurer Information	Krahn Sally Ann Kernick		
	Salutation	Last Name	First Name Middle Name Suffix
	209 W. Mt. Ida Avenue		
	Residence Address		Apt #
	Alexandria	VA	22305
	City	State	Zip Code
	Alexandria	704020791	
County or City of Residence		Voter Identification #	
sallyannkk@aol.com		703-395-8704	
Email Address		Daytime Phone #	
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.			
Campaign Depository			
John Marshall Bank			
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)	
Alexandria	VA		
City	State	City	State
Committee Activity			
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")		
	Date first contribution accepted:		
	Date first expenditure made:	N/A	
	Date campaign depository designated:	1/6/15	
	Date filing fee paid for party nomination:	N/A	
	Date Statement of Qualification filed:		
	Date treasurer appointed:	1/5/15	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>ELECT's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>ELECT Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p><u>Sally Ann K. Krah</u> <u>1-5-15</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>Kenny D. Duff</u> <u>1/5/15</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u>Sally Ann K. Krah</u> <u>1/5/15</u> Treasurer's Signature Date</p>